

INFORMATION/REQUIREMENTS AND INSTRUCTIONS - PHYSICAL THERAPY LICENSE

Access this form via website at: www.hawaii.gov/dcca/pvl

INFORMATION/REQUIREMENTS

DEFINITIONS

No person shall practice physical therapy unless the person is appropriately licensed.

"Physical therapist" means a person who is licensed to practice physical therapy in this State.

"Physical therapy" or "physical therapy services" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a physical therapist appropriately licensed under this chapter. It includes but is not limited to:

- (1) Administration, evaluation, modification of treatment, and instruction involving the use of physical measures, activities, and devices, for preventive and therapeutic purposes; provided that should the care or treatment given by the physical therapist contravene treatment diagnosed or prescribed by a medical doctor, osteopath, or as determined by the board, the physical therapist shall confer with the professional regarding the manner or course of treatment in conflict and take appropriate action in the best interest of the patient; and
- (2) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction, or pain.

Hawaii does not reciprocate with any other state or country. Each applicant is required to meet the education and national examination requirements according to Hawaii laws and rules. Licensure requirements are subject to change as a result of new laws or rules, or new policies and procedures adopted by the Department of Commerce and Consumer Affairs ("Department") in cooperation with the Board of Physical Therapy ("Board"). All applicants must meet current licensure requirements.

EDUCATION

Submit proof of one of the following:

- 1) Graduated from a Commission on Accreditation of Physical Therapy ("CAPTE") accredited physical therapy program that is located in the U.S. **Arrange** with your college to send a certified transcript showing graduation date and physical therapy degree conferred, **directly** to the Board (address on page 4); or
- 2) Graduated from a CAPTE accredited physical therapy program that is located outside the U.S. **Arrange** with your college to send a certified transcript showing graduation date and physical therapy degree conferred-written in the English language; or
- 3) Graduated from a physical therapy school that is located outside the U.S. and that is not CAPTE accredited:
 - You must submit your credentials to a Board approved Credentials Evaluation Service organization. The board will accept a credentials evaluation report from those organizations listed below. Have the evaluation service forward your certified credentials evaluation report **directly** to the Board (address on page 4).
 - **Your credentials evaluation report must comply with Hawaii's requirements; therefore, a report prepared for another state will not be accepted. The report must state that your education is equivalent to an accredited program in physical therapy in the U.S.**

Credentials Evaluation Service Organizations:

International Educational Research Foundation
Credentials Evaluation Service
P.O. Box 3665
Culver City, CA 90231-3665
Phone: (310) 258-9451
Fax: (310) 342-7086
Email: info@ierf.org

International Consultants, Inc.
(ICI) of Delaware
109 Barksdale Professional Center
Newark, DE 19711
Phone: (302) 737-8715

International Credentialing Associates, Inc.
7245 Bryan Dairy Rd.
Bryan Dairy Business Park II
Largo, FL 33777
Phone: (727) 549-8555
Fax: (727) 549-8554

Foreign Credentialing Commission on Physical Therapy
511 Wythe St.
Alexandria, VA 22314
Telephone: (703) 684-8406
Fax: (703) 684-8715
Email: fccpt@fsbpt.org

**ENGLISH
LANGUAGE
COMPETENCY**

If the school is in a country, state or province where the official language is other than English, applicants must document English proficiency at the minimum of 12th grade level by taking and passing the General Education Development (GED), or Test of Adult Basic Education (TABE), or the California Achievement Test (CAT), or Test of English as a Foreign Language (TOEFL) with a minimum score of 500 for paper-based exam. Beginning July 1998, minimum score of 173 for those taking computer-based TOEFL (there is a proposed change to increase the minimum passing score to 550 for paper-based, or 213 for computer-based TOEFL in the near future). For TOEFL information, contact:

Educational Testing Service (ETS)
P.O. Box 6155
Princeton NJ 08541-6155
Phone: (609) 921-9000
Fax: (609) 520-1093
Web: <http://www.toefl.org>

EXAMINATION

In Hawaii, electronic testing is provided year-round on Oahu only. After the Board has determined that you are eligible to sit for the exam, you will be mailed the National Physical Therapist Examination ("NPTE") Candidate Handbook. These forms must be completed and returned to DCCA, Exam Branch, P.O. Box 3469, Honolulu, Hawaii 96801 with a certified check, cashier's check, money order or corporate business check made payable to "FSBPT" for \$285. Personal checks will not be accepted.

FSBPT will be notified of your eligibility for the exam and will notify you to contact the testing center to make an appointment for your exam. You will need to pay an administrative fee of \$60 to the testing center at the time of the exam.

Effective May 1, 2002, on-line registration for the National Physical Therapy Examination (NPTE) is available for those applicants who wish to register for the examination. A copy of the NPTE Candidate Handbook containing all the information which candidates need to register is available from the Federation of State Boards of Physical Therapy (FSBPT) at www.fsbpt.org.

You must sit for the exam within 60 days of PES notification. If you fail to do so, you must contact the Board and re-register for the exam. If you pass the exam, you will be notified of the required license fees for issuance of your license.

EXAM SCORE

For an applicant sitting for the NPTE beginning with the November 1994 test administration, the passing score is the criterion-referenced scaled score of 600. The passing raw score may vary from exam to exam. Therefore, the Board relies on the Examination Services' report to ascertain whether a particular applicant has a passing score.

For an applicant who was initially licensed by taking the exam prior to November 1994, the passing score is -1.0 Standard Deviation below the national mean of the exam taken by the applicant. This score may vary from exam to exam. Applicants are required to pass the NPTE at one sitting; combining of scores from more than one sitting is not accepted.

EXAM WAIVER

If you have already taken the NPTE and your score meets with Hawaii's passing score requirement **and** you are currently licensed in the United States, the Board will consider issuance of license through the exam waiver provision.

**TEMPORARY
LICENSE**

You may apply for a temporary license to practice while waiting to sit for the NPTE exam for the **first time**. You are not eligible for a temporary license if you already sat for the exam and failed at anytime, anywhere.

If you are sitting for the NPTE exam for the first time, you can be issued a temporary license when you submit your NPTE exam registration material to our office. It is the applicant's responsibility to sit for the exam on the earliest possible date once authorization is given. Any request for extension of a temporary license will require Board review. For failing candidates, the temporary license automatically expires upon notification of the exam score. **Attach** the additional \$30 fee.

For more information on the requirements for temporary licenses, please refer to Chapter 110, Hawaii Administrative Rules.

**AGE OF
MAJORITY AND
U.S. CITIZEN**

In addition to the education and examination requirements, an applicant shall be beyond the age of majority (18 years of age) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States your application may be denied.

**AGE OF
MAJORITY AND
U.S. CITIZEN
(Cont.)**

Reforms in the immigration laws of the United States have led to new requirements for aliens who seek to enter the United States for the purpose of performing labor as a health-care worker, including physical therapists. Federal law mandates that any such alien is inadmissible from the country unless the alien presents a certificate from the Commission on Graduates of Foreign Nursing Schools, or a certificate from an equivalent independent credentialing organization approved by the Attorney General. (See 8 U.S.C. 1182(a)(5)).

Commission on Graduates of Foreign Nursing Schools (CGFNS)
3600 Market St Ste 400
Philadelphia, PA 19104-2651 (USA)
Applicant Inquiries: Phone - (215) 349-8767

Or visit their website at: www.cgfns.org for more information

The following organization has been identified to be an equivalent independent credentialing organization and is authorized to issue certificates. (see 8 C.F.R. section 212 15(e)(3)):

Foreign Credentialing Commission on Physical Therapy ("FCCPT")
511 Wythe St.
Alexandria, VA 22314

Telephone: (703) 684-8406
Fax: (703) 684-8715

Filing Instructions

**APPLICATION
FORM**

Complete and sign the attached application in type or print legibly in black ink.

- **Failure to provide all the requested information will delay the processing of your application.**

Indicate what you are applying for:

- Applying for endorsement: Passed National Physical Therapy Examination ("NPTE"). You must indicate which state and on what date you passed the exam.
- Applying for exam for the first time.
- Applying for exam, failed exam. You must indicate in which state or country and on what date you failed the exam.
- Applying for a temporary license.

FEES

If you are applying for a license through exam, **submit** the \$50 non-refundable application fee. License fees will be assessed after passage of the examination.

If you are applying for a license through the exam waiver provision, submit appropriate payment as follows (make check payable to "COMMERCE AND CONSUMER AFFAIRS"):

If you expect to be licensed in an ODD-NUMBERED year\$200
(*\$50 - application fee + \$30 - license fee + \$70 Compliance
Resolution Fund + \$50 - ½ Renewal*)

If you expect to be licensed in an EVEN-NUMBERED year\$115
(*\$50 - application fee + \$30 - license fee + \$35 Compliance Resolution Fund*)

The \$50 application fee is non-refundable.

Note: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be made within 60 days after your application for a license is denied.

**DOCUMENTS
REQUIRED FOR
EXAM
APPLICANTS**

Applications for the exam will be accepted on a year-round basis. There will be no specific filing deadlines.

Proof of education:

- A. If educated in the United States, arrange with your university/college to send directly to our office a certified transcript showing graduation date and degree conferred. The physical therapy program shall have been appropriately accredited at the time of your graduation.
- B. If educated outside the United States, you must submit your credentials to a Board approved credentials evaluation service (see list of Credentials Evaluation Service Organizations on page 1). The Board will accept current credentials evaluation reports only from those organizations listed. Have the evaluation service forward your certified credentials evaluation report directly to our office.

Your credentials evaluation report must comply with Hawaii's requirements (other states may have different requirements, therefore, a report prepared for another state will not be accepted). The report must state that your education/training is equivalent to an accredited program in physical therapy in the United States.

**DOCUMENTS
REQUIRED FOR
EXAM WAIVER
APPLICANTS**

1. Proof of Education: Submit proof of education. See above for "Proof of education".
2. License verification: Have the licensing authority of each state/territory in which you **hold or held a license at any time**, complete the "Verification of License" form and send it directly to the Board. Make copies of this form, as needed. Check with the licensing authority(fees) for any fees you may need to pay and also the length of time for that agency to process your license verification to our State.
3. NPTE score report: Request the Federation of State Boards of Physical Therapy ("FSBPT") Score Transfer Service to forward your score directly to the Board. An application for the FSBPT Score Transfer Service can be made on the Internet at the website below or by contacting them directly.

FSBPT Score Transfer Services
Federation of State Boards of Physical Therapy
500 Montgomery Street, Suite 120
Alexandria, VA 22314

Telephone: 1-703-739-9420
<https://www.fsbpt.net/pt>

**APPLICANTS
WITH SPECIAL
NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided. No action will be taken to provide special testing arrangements until your exam application has been approved.

**SUBMITTING
APPLICATION**

Mail or deliver all required items to:

Board of Physical Therapy
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801

Office Location:
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers
for the neighbor islands:

Kauai - 274-3141 ext. 6-3000

Maui - 984-2400 ext. 6-3000

Hawaii - 974-4000 ext. 6-3000

Molokai - 1-800-468-4644 ext. 6-3000

Lanai - 1-800-468-4644 ext. 6-3000

**BIENNIAL
RENEWAL**

All licenses, regardless of issuance date, expire **on December 31 of each EVEN NUMBERED year**. The licensee is held responsible to keep his/her license current. If you let your license lapse for longer than one year, you must file a new application and meet requirements that are in effect at the time of filing.

LAWS & RULES

The licensee is held accountable for knowing and complying with the Hawaii laws and rules of physical therapy practice as failure to comply may result in disciplinary action. Obtain copies of the physical therapy laws, Chapter 461, Hawaii Revised Statutes and rules, Chapter 110, Hawaii Administrative Rules by sending a written request to the Board's address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website free of charge at: www.hawaii.gov/dcca/pvl. Look under "Physical Therapy".

**ABANDONMENT
OF
APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Application for License - PHYSICAL THERAPIST

Type or print legibly in black ink.

Read the attached Requirements and Instructions before completing this form.

Applying for:

- ☐ License by endorsement: Passed national PT exam in (state)_____ on (date) _____
- ☐ Exam, first time.
- ☐ Exam, failed exam in (state/county)_____ on (date) _____
- ☐ Temporary license. Attach separate fee of \$30.

Legal Name of Applicant (First-Middle) (LAST)

Residence Address (Include Apt. No., City, State & Zip Code)

Mailing Address (ONLY if different from residence)

Other Names Used (Include Maiden Name) Social Security No. Phone No. (days)

Eff. Date

License No:

PT-

FOR BOARD USE ONLY

Temporary License

Effective:

Circle your answers and provide details when required:

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- Do you now hold or have you ever held a physical therapist license in another state or territory? YES NO
- Have you ever held a license in Hawaii? License No. _____ Exp. Date _____ YES NO
- In the past 20 years, have you been convicted of a crime in which the conviction has not been annulled or expunged? If "yes," attach copies of court records. YES NO
- Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- Are there any disciplinary actions pending against you? YES NO

(If responses to Nos. 5, 6 or 7 are "yes," provide information on date, place, and type of conviction or disciplinary action on a separate sheet of paper. Attach copies of the court order, board's final order or pending action).

EDUCATION	Name of College/University	Location (City/State)	Dates (mo/yr)		Degree Earned
			From	To	

STATE LICENSES	Name of State	License Number	Date Issued	Method of Licensure			License Current?		Provide date Verification was Requested
				National Exam	State Exam	Exam Waived	YES	NO	
	ORIGINAL state								

Affidavit of Applicant:

(If more space needed, attach a separate sheet)

I hereby certify that the answers and statements contained in this application and the attached documents are true and correct. I understand that any false statement or misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand and will obey the laws and rules concerning physical therapy in the State of Hawaii.

Date

Signature of Applicant

App..... 513..... \$50 ½ Renewal 510..... \$50
 Lic..... 516..... \$30 Temp 517..... \$30
 CRF..... 518..... \$35/\$70 Service fee BCF \$15

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

VERIFICATION OF LICENSE - PHYSICAL THERAPY

Access this form via website at: www.hawaii.gov/dcca/pvl

State of Hawaii
Board of Physical Therapy
P.O. Box 3469
Honolulu, HI 96801

To be completed by applicant:

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include Apt. No., City, State and Zip Code)		License No. PT -
			Date Issued
	<p>I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Physical Therapy.</p> <p>Date _____ SIGN HERE _____</p>		

To be completed by licensing agency:

LICENSING AGENCY	<p>This is to certify that the above-named individual was issued license number _____ to practice physical therapy.</p> <p>Date issued:_____</p> <p>Date license expires:_____</p> <p>License status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> current <input type="checkbox"/> lapsed since:_____ <input type="checkbox"/> inactive since:_____ <p>Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> NO</p> <p style="text-align: right;"><input type="checkbox"/> YES (Please explain a yes response and attach copy of Boards order and related information.)</p> <hr/> <p>Signature:_____</p> <p>Print Name:_____</p> <p>Title:_____</p> <p>State Licensing Board:_____</p> <p>Address:_____ _____</p> <p>Date:_____</p> <p>TO THE BOARD: Return this form <u>directly</u> to the Hawaii Board of Physical Therapy.</p>
------------------	--

(This form may be duplicated)

STATEMENT OF SUPERVISING LICENSED PHYSICAL THERAPIST

NAME OF PERSON APPLYING FOR TEMPORARY LICENSE: _____
(print name of applicant)

This is to certify that I, _____,
(print name of licensed Physical Therapist)

whose Physical Therapist License No. is _____ PT - _____, will be providing direct supervision*
to _____ from _____.
(date)

Further, should there be a severance of this supervisory relationship, I shall notify the Board, within 48 hours and through certified mail, of the severance.

Signature of Supervising Physical Therapist

Name of Company

Address of Company

Telephone Number

Subscribed and sworn to before me

this _____ day of _____, 20_____

Notary Public, State of _____

My commission expires: _____

*"Direct supervision" means the supervisor is on the premises, is quickly and easily available, and has examined the patient at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.